

TO EMPLOYER: To obtain additional copies of this Continuation Sheet, please submit your request in writing to the above address ATTN: Wage Records, RM SE 206.

Name of Employer			Page _____ of _____
Indiana Account No.*	Federal Identification No.	Date Quarter Ended	
* Under Indiana Account No., show the Account Number which appears on Forms UC-1 and UC-5A. Do not show the Federal Identification Number in this column.			

(1) Social Security Number			(2) Name of Employee (Please type or print)	(3) GROSS WAGES	
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				.	Do not show red figures or corrections of previous reports on this report. See instructions under "Adjustments."
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SEE INSTRUCTIONS FOR PREPARATION OF QUARTERLY PAYROLL REPORT, ITEM 7.			TOTAL FOR THIS PAGE	.	